

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/009,809
Filing Date	April 26, 2002
First Named Inventor	Eisenberg, Ronit
Title	CELL PENETRATING ANTI- ALLERGENIC PEPTIDES
Art Unit	1644
Examiner Name	Crowder, Chun
Attorney Docket Number	026549-0001000US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

**20350**

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

Firm or Individual Name	<b>Ramot At Tel Aviv University Ltd.</b>		
Address	<b>32 Haim Levanon Street</b>		
City	<b>Tel-Aviv</b>	State	<b>69975</b>
Country	<b>Israel</b>		

Ramot At Tel Aviv University Ltd. certifies under 37 C.F.R. § 3.73(b) that they are the owners of the entire right, title, and interest in the above-identified application by virtue of an assignment being recorded in the USPTO at Reel 016912, Frame 0717. I, the undersigned, am empowered to act on behalf of the Assignee. Acting on behalf of the Assignee, I have reviewed all the documents in the chain of title of the patent application identified above and, to the best of my knowledge and belief, title is in the Assignee identified above.

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>S. Hirsch</i>	Date	<i>October 23rd 2006</i>
Name	Shulamit Hirsch, Ph.D.	Zeev Weinfeld, Ph.D.	Title Director, Intellectual Property Executive Vice President Business Development
Company	Ramot At Tel Aviv University Ltd.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 1 forms are submitted.

